

SHIVAJI COLLEGE

(UNIVERSITY OF DELHI)

RAJA GARDEN

NEW DELHI-10027

APPLICATION FOR ENCASHMENT OF EARNED LEAVE FOR AVAILING LEAVE TRAVEL CONCESSION (TO BE FILLED BY THE EMPLOYEE)

Name of the Employee	Dr./Mr./Ms.	
Designation		
Department		
Date of Appointment		
Type of Leave & Period sanctioned for LTC/HTC	From	To
No. of Days EL surrendered for encashment*		
Availing LTC/HTC to visit		
Block Year		

Signature of the Applicant
Date:

*Earned leave up to a maximum of 10 Days at a time may be encashed. This is limited to maximum of 60 Days during the entire career.
Maximum permissible is 10 days on 6 occasions.

FOR THE USE OF ESTABLISHMENT SECTION ONLY

Certified that Dr./Mr./ Ms. _____ has _____ days of earned leave to his/her credit as on date of application. He/She has been sanctioned _____ days of _____ leave to avail LTC/HTC from _____ to _____.

His/Her Earned leave account has been debited by _____ days for availing LTC/HTC to visit _____.

It is recommended that the above staff member may be granted EL encashment for _____ days.

He/She has already encashed _____ days EL on _____ occasions till date.

His/Her Earned Leave Balance after availing the above encashment will be _____ days (Minimum 30 days).

Also certified that necessary entries has been made in the leave records & Service Book of the staff member.

Dealing Assistant

S.O.(Admn.)

Bursar

Principal

FOR THE USE OF ACCOUNTS SECTION ONLY

As per above sanction, bill passed for the encashment of earned leave to avail LTC/HTC in respect of

Dr./Mr./Ms. _____ Designation _____

Department _____

Band Pay	AGP/GP	NPA	DA	Total	Days	EL Encashment
(Rs.)	(Rs.)	(Rs.)	(Rs.)	(Rs.)	No.	(Rs.)

Voucher No: _____ Cheque No: _____ Date: _____

Bill Passed for Rs. _____ in words _____

Dealing Assistant

S.O.(Accounts)

Bursar

Principal
